

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SEAG 48089
First Named Inventor	Michael A. Seigler
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MAKING A MAGNETORESISTIVE SENSOR

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 366(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  or Bar Code Label ☐ OR ☒ Correspondence address below

Name Robert P. Lenart, Esquire

Address Pietragallo, Bosick & Gordon  
One Oxford Centre, 38th Floor, 301 Grant Street

City Pittsburgh State PA ZIP 15219

Country US Telephone 412-263-4399 Fax 412-261-0915

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Michael Allen  
(first and middle (if any))Family Name Seigler  
or SurnameInventor's  
Signature*Michael Allen Seigler*

Date 7-25-01

Residence: City Pittsburgh State PA Country US Citizenship US

Mailing Address 427 Arden Road

City Pittsburgh State PA ZIP 15216 Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name Petrus Antonius  
(first and middle (if any))Family Name Van Der Heijden  
or SurnameInventor's  
Signature*P. Heijden*

Date 7/25/01

Residence: City Jefferson Hills State PA Country US Citizenship Netherlands

Mailing Address 1370 Village Green Drive

City Jefferson Hills State PA ZIP 15025 Country UA

☒ Additional inventors are being named on the 1 supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew Robert		Eckert	
Inventor's Signature <i>Andrew Robert Eckert</i>		Date <u>7-25-01</u>	
Residence: City <u>Pittsburgh</u>	State <u>PA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address <u>125 Calmont Drive</u>			
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City <u>Pittsburgh</u>	State <u>PA</u>	ZIP <u>15235</u>	Country <u>US</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/51 (02-01)

Approved for use through 10/31/2002, OMB 0551-0038

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

### \* MAGNETORESISTIVE SENSOR

I hereby appoint:

☒ Practitioners at Customer Number

29694

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Number Bar Code  
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OR

☒ Practitioner(s) named below:

Name	Registration Number
Carol L. Bordas	37,284

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or  
Individual Name

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Pittsburgh

State

PA

Zip

15219

Country

US

Telephone

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Fax

412-261-0915

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

### SIGNATURE of Applicant or Assignee of Record

Name

Michael Allen Seigler

Signature

*Michael Allen Seigler*

Date

7-25-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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PTO/SB/61 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Petrus Antonius Van Der Heijden

Signature

*P. Van Der Heijden*  
7/25/01

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/21 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

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☒ Practitioner(s) named below:

Name	Registration Number
Carol L. Bordas	37,284

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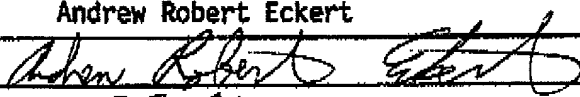
<input checked="" type="checkbox"/> Firm or Individual Name	Robert P. Lenart		
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Address	One Oxford Centre, 38th Floor, 301 Grant Street		
City	Pittsburgh	State	PA Zip 15219
Country	US		
Telephone	412-263-4399	Fax	412-261-0915

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### SIGNATURE of Applicant or Assignee of Record

Name	Andrew Robert Eckert
Signature	
Date	7-25-01

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